



CITY OF LEEDS EDUCATION COMMITTEE

ANNUAL REPORT
ON THE SCHOOL
HEALTH SERVICE

FOR THE YEAR ENDED 31st DECEMBER, 1948

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LEEDS EDUCATION COMMITTEE

School Health Service

SPECIAL SERVICES SUB-COMMITTEE

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Councillor MAY FISH.

Councillor ALICE JOLLY.

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,, W. SPENCE.

M.A.

,, W. POWER.

,, J. HILEY.

,, F. WALKER, O.B.E

Co-opted Members :

Mrs. M. MUIR.

Rev. A. S. REEVE, M.A.

MEDICAL STAFF

School Medical Officer—I. GLYN DAVIES, M.D., B.S., M.R.C.P., D.P.H.*Chief Assistant School Medical Officer*—MAURICE E. WILLCOCK,
M.B., Ch.B., D.P.H.*Full-time Assistant School Medical Officers—*

HERBERT HARGREAVES, M.B., B.S.

RONALD WOOD, M.B., Ch.B.

IRENE M. HOLORAN, M.B., Ch.B., D.C.H.

GWENDOLEN F. PRINCE, M.B., Ch.B., D.C.H.

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MICHAEL J. COLLINS, M.B., B.Ch., C.P.H. (*Appointed 1.9.48*).*Temporary Assistant School Medical Officers—*

GRACE HOLEY, M.B., Ch.B.

ANNE M. NUTT, M.B., Ch.B. (*To 15.7.48*).*Consulting Surgeons (Ear, Nose and Throat)—*

ALEXANDER SHARP, C.B., C.M.G., F.R.C.S. (Edin.).

GEORGE S. SEED, F.R.C.S.

Consulting Surgeons (Orthopædic)—

REGINALD BROOMHEAD, M.B., Ch.B., F.R.C.S.

JOHN M. P. CLARK, M.B.E., F.R.C.S.

Consulting Ophthalmic Surgeons—

GEORGE BLACK, M.B., B.S. (LOND.), F.R.C.S. (ENG.)

JACOB SHERNE, M.B., Ch.B., F.R.C.S., D.O.M.S.

Specialists in Children's Diseases—

CHARLES WILFRID VINING, M.D., F.R.C.P.

WILLIAM S. M. CRAIG, B.Sc., M.D., F.R.C.P.E., F.R.S.E.

Consulting Dermatologist—JOHN T. INGRAM, M.D., F.R.C.P.*Consulting Surgeon*—MICHAEL W. C. OLDFIELD, M.A., M.Ch., F.R.C.S.

MEDICAL STAFF—(continued).

Senior Dental Officer—DAVID E. TAYLOR, L.D.S.

Full-time Assistant School Dental Officers—

ARTHUR B. MORTIMER, L.D.S.

GEORGE M. S. MCGIBBON, L.D.S.

LAWRENCE MORAN, L.D.S.

DOUGLAS M. MCGIBBON, L.D.S.

JOHN MILLER, L.D.S.

JAMES W. WHITELAW, L.D.S.

HERBERT GAUNT, B.Ch.D.

TORQUIL M. BAIN, L.D.S.

FRANK A. GOSTLING, L.D.S.

ROBERT CARSON, L.D.S.

BASIL G. TETLOW, L.D.S. (*Resigned* 30.6.48).

JACK HARDY, L.D.S. (*Resigned* 5.7.48).

PHILIP ATKINSON, L.D.S. (*Temp.*).

PETER IRVINE, L.D.S. (*Appointed* 9.8.48).

Consulting Surgeon (Oral)—PROFESSOR T. TALMAGE READ,
F.R.F.P.S., F.D.S., R.C.S., L.R.C.P.

Consultant Orthodontist—HOWARD SHAW, F.D.S.

School Nurses—

M. BURKE (*Superintendent Health Visitor and School Nurse*).

E. WILSON (*Deputy Superintendent Health Visitor and School Nurse*).

J. TOTTIE.

E. WHURR.

E. M. HEARNshaw.

G. SMITH.

(*Retired* 31.1.48)

H. SIMPSON.

M. ABBOTT.

M. CHERRETT.

A. SHACKLETON.

E. K. BRIGGS.

M. HOLMES.

S. E. WEBSTER.

G. E. PRIOR.

G. M. PENFOLD.

B. ATKINSON.

E. M. MILLS.

W. HOLDSWORTH.

A. THORNES (*Temp.*).

I. M. CONDELL.

B. CONLON (*Temp.*).

M. BANKS.

J. WHEELER (*Temp. from*
1.6.48).

M. P. O'MEARA (*Temp.*).

H. REYNOLDS (*Temp. from*
15.11.48).

A. ATKINSON

(*Temp. from* 1.7.48).

Clinic Assistants—

B. PRESTON.

C. LEESE.

M. HUNTER.

M. ROBERTS (*Retired* 21.2.48).

J. HEWITT.

G. M. AARON (*Apptd.* 2.7.48).

M. PICKLES (*Apptd.* 15.3.48).

J. M. MOORE

M. D. KILLERBY (*Apptd.* 5.7.48).

(*Resigned* 30.4.48).

Masseuses—

W. WEAR.

M. HENDERSON.

M. E. SWINGLEHURST.

M. A. WOOD.

E. M. WATTS (*Temp.*).

Speech Therapist—

BLANCHE JACKSON (Mrs.).

M. SHUMMACHER (*Part-time*).

Chiropodist—

FRANK H. PATEMAN, F.Ch.S.

REPORT OF THE SCHOOL MEDICAL OFFICER FOR THE YEAR ENDED THE 31ST DECEMBER, 1948.

To the Chairman and Members of the Education Committee.

LADIES AND GENTLEMEN,

I have the honour to present the Annual Report upon the work of the School Health Service of the City of Leeds for the year ended the 31st December, 1948.

Mr. Michael Oldfield, F.R.C.S., has been appointed to the ^{Staff}. Consultant Staff of the School Health Service with a view to the supervision of the work of the Speech Therapy Clinics.

Mr. J. Sherne, F.R.C.S., has been appointed an additional Consulting Ophthalmic Surgeon to the Authority.

Dr. M. J. Collins, M.B., Ch.B., was appointed an Assistant School Medical Officer to replace Dr. B. Schroeder who had resigned in 1947.

Professor T. Talmage Read, Warden of the Leeds Dental School, has been appointed Consultant in Oral Surgery and Mr. H. Shaw, F.D.S., in Orthodontics.

Three School Dental Officers resigned during the year :—

Mr. A. B. Mortimer, who had given greatly valued service to the Authority for 23 years, Mr. B. G. Tetlow and Mr. J. Hardy. Mr. Tetlow had only been on the staff for six months and Mr. Hardy had held a temporary appointment. Two Dental Officers, Mr. H. Hilton, Deputy Senior Dental Officer, and Mr. H. Rawnsley, who had been on the staff of the Health Department, were transferred to the Education Authority in December. The only new appointment to the dental staff was Mr. P. Irvine who was appointed in August.

Two dental technicians and an apprentice were appointed during the year to carry out work for the orthodontic clinic and for the clinics for expectant and nursing mothers.

Nurse E. Wilson was appointed Deputy Superintendent Health Visitor and School Nurse in July.

Four temporary appointments were made to the staff of School Nurses during the year. These are all State Registered Nurses but are not eligible for permanent appointments as they do not hold the Health Visitor's certificate.

Two Clinic Assistants resigned during the year and three were appointed so that there are now seven on the staff.

Miss Shummacher was appointed part-time Speech Therapist to help with the treatment of cases of Cerebral Palsy both at Potternewton School for Physically Handicapped Children and at the Central Clinic.

National
Health Service
Act.

It is too soon to say what effect the National Health Service Act will have on the work of the School Health Service. So far the coming into operation of the Act in July 1948, has made very little difference to the volume of the work done in School Clinics. The following notes on the subject may perhaps be of interest.

(1) *Specialist Services.*

The Consultant Clinics which have been held for many years in the Central Clinic for Ear, Nose and Throat, Eye and Orthopædic cases continue to be conducted by the Specialists who were appointed by the Authority before the passing of the Act. By the regulations issued under the Act the Education Authority may ask the Regional Hospital Board to provide a service of consultants to cover these subjects and in Leeds this has been done. The Regional Hospital Board, however, is not yet in a position to provide such a service and has requested the Authority to continue its existing arrangements meanwhile. When the Board reports what provision of specialist services it proposes to make for the School Health Service in Leeds, it will be open to the Education Authority to supplement this provision if they think it desirable to do so, in accordance with the Ministry of Education Circular 179 Para. 7.

In the field of Pædiatrics and Psychiatry the Education Authority has already made arrangements directly with the University of Leeds through Professor W. S. Craig, Professor of Pædiatrics, and Professor D. R. MacCalman, Professor of Psychiatry, by which these departments provide the specialist services required by the School Health Service. Professor Craig and the Registrar Tutors on his staff pay regular visits to Potternewton School for Physically Handicapped Children, and a monthly clinic to be conducted by them in the Central Clinic has also been planned. Professor MacCalman arranges that maladjusted children referred to him by

the School Health Service for child guidance should be seen and treated and, when the Authority is able to establish its own Child Guidance Clinic, will provide the psychiatrist member of its staff.

(2) *Dental Treatment.*

The number of children attending the School Dental Clinics has, if anything, increased since the passing of the Act. A number of cases have occurred where dentists in private practice have declined to undertake the treatment of school children and have advised the parents to take them to the school clinics. One is compelled to come to the conclusion that, for the vast majority of school children, if dental treatment is not provided by the School Health Service, it will not be obtained at all, apart from a certain amount of palliative treatment by extraction.

There seems to be a lack of appreciation in some quarters not only of the work which is being done by School Dental Officers but even more of the great potentialities for good which the service possesses. Dentists who have had years of experience in school work have opportunities of gaining a knowledge of the dental development of children which cannot be rivalled by any other dentists in the community. On their work during the childhood and adolescence of their patients depends to a considerable extent the dental condition of the adult population. It is difficult to overvalue the benefits which may be rendered to the community by a thoroughly efficient school dental service.

The service in Leeds has been built up gradually into a service of which the Authority has reason to feel proud. There now appears to be a danger that this service may be allowed to dwindle on the conservative and preventive side because the whole time of a small staff has to be devoted to measures for combating sepsis. Some dentists are leaving the school staff for financial considerations owing to the disparity between the remuneration offered to private practitioners and to those employed by the Local Authority, but others, who are keen and enthusiastic about the School Health Service and would like to remain in it, are being unsettled by doubts as to the future of the service. If the service is to be an efficient one to which they can contribute work of real value to the community, they would remain in it, even at some financial sacrifice ; but if it is to be reduced to a mere skeleton service, unable to recruit its ranks from the best type of dental graduate and struggling to cope with cases of toothache and the extraction of badly decayed teeth, there would be nothing to induce them to remain in it.

(3) *Refraction and Prescription of Glasses.*

There is no appreciable falling off in the number of children with defective vision whose parents ask for their examination at

the school clinics. The provision of glasses is no longer the duty of the school service and parents obtain the glasses prescribed at the school clinics from any of the opticians approved by the Ophthalmic Service Committee. It has been found that this method of obtaining the glasses prescribed has one very serious drawback. There is no provision for informing the Education Authority when the glasses have been obtained from the optician. A certain number of parents are unwilling to admit that their children should wear glasses or are indifferent and careless about obtaining them when they have been prescribed. When the glasses prescribed by the School Health Service were obtained through the school clinics it was easy to follow up cases and ensure that there was no undue and avoidable delay in getting them. Now it is necessary to note each child for whom glasses are prescribed at the clinic and to pass the name on to the school nurse in charge of the school concerned. She must make inquiries each time she visits the school as to whether glasses have been obtained. The number of school children for whom glasses were prescribed at the school clinic in Leeds last year was 2,794. For such a number the method of following up described is slow and cumbersome and it is possible that there may be months of delay in obtaining glasses owing to lack of action on the part of the parents. This would be prevented if the School Health Service, could have its prescriptions made up by opticians who would inform the Authority if and when glasses were supplied to school children.

Hospital Arrangements.

The arrangements with the General Infirmary, St. James's Hospital and the Public Dispensary by which the Education Authority accepted responsibility for the cost of inpatient and outpatient treatment of school children referred to them through the School Health Service continued till the 5th July when the National Health Service came into operation. Since that date treatment in these hospitals has been free of cost to the Authority.

From the 1st January, 1948, to the 5th July, 1948, 1,928 children had been treated as outpatients and 1,386 as inpatients at a cost to the Authority of £13,470.

It is of great importance that particulars of the illnesses of school children and of the results of treatment given to them in these hospitals should be furnished to the Education Authority in order that the medical records of the children in its schools should be as complete as possible. Since July when the Authority ceased to be financially responsible for their treatment, reports have not been received from the hospitals about all school children treated there. This matter is understood to be under consideration by the Ministry of Education and the Ministry of Health and it is hoped

that arrangements will be made by which the Education Authority will receive reports on all school children treated by hospitals in its area.

Chiropody is not a form of treatment provided free of cost by the hospitals and the Authority continues to rent the Chiropody Clinic at the General Infirmary on one afternoon a week for the treatment of school children.

Mr. F. H. Pateman, F.Ch.S., who is in charge of the clinic reports on the work of the clinic.

"During 1948 there were 1,102 attendances. A majority of the cases were treated for Verruca and all have responded to treatment without interference with attendance at school. During the period of treatment the children were advised not to attend public swimming baths.

"There are several cases of contracted toes which are responding to treatment. The patients are seen every two or three months and between visits the toes are kept in a corrected position by means of adhesive felt splints which are replaced by the parents when necessary.

"Various cases of warts on the hand have been treated.

"Where it was thought advisable cases were referred to the Leeds Education Orthopaedic Clinic.

"I have advised on foot hygiene and footwear, especially when the parents were present. The parents appeared willing to co-operate and I trust there will be fewer deformed feet in the adults of the future."

The schools have been free from serious epidemic illness during 1948 though there was an unusual prevalence of mumps during the spring and early summer of the year.

The number of cases of diphtheria in school children was almost negligible during the year. This is evidence of the efficiency with which the campaign for immunisation is being maintained.

Routine examination of school children now includes the three groups :—

- (1) Entrants, who are seen as soon as possible after their admission to school.
- (2) Children of 10 to 11 years of age in their last year in the Primary School and
- (3) Children of 14 to 15 years of age in their last year in the Secondary Modern School or 15 to 16 in their last year at Secondary Grammar or Technical School.

The gap between the first two examinations is unsatisfactory. When staffing permits the examination of a fourth age group from 7 to 8 years of age would increase the efficiency of the service and improve the supervision of children at what is a very important stage in their development.

The new school medical record card approved by the Ministry of Education for use by all Authorities throughout the country is now being used for all new entrants in all the schools in the city.

**Return of Number of Children on Roll at
31st December, 1948.**

Type of School.	Number of Schools.	Number of Departments.	Number on Roll.
<i>Primary—</i>			
County	71	141	39,253
Voluntary	48	73	14,517
<i>Secondary—</i>			
Modern	11	14	5,493
Grammar	8	8	4,745
Technical	2	2	1,128
<i>Home Office</i>	2	2	202
<i>Special—</i>			
Educationally Sub-normal	4	4	435
Physically Handicapped ..	1	1	132
Partially Sighted	1	1	36
Deaf and Partially Deaf	1	1	109
<i>Other—</i>			
Sanatorium	1	1	29
Nursery	1	1	76
Total ..	151	249	66,155

Nursery School
and Nursery
Classes.

Dr. G. F. Prince reports :—

“ The number on roll in December 1948, was 3,250 as compared with 4,400 in December, 1947. During the year the number of children entering nursery classes has been limited by difficulties of staff and accommodation. Since September 1948, admission has been restricted to children aged four years and nine months or over. It appears likely that during the coming year the age of entrants may have to be even higher.

“ It may therefore be opportune to review the present trend of medical opinion concerning nursery class education in the context of long term educational planning.

“ Among the general public and in the lay press there has been an unfortunate tendency to demand nursery accommodation for reasons, which, from the medical point of view, appear to be

irrelevant. The wartime expansion of nurseries for the purpose of releasing married women for industry has raised a number of complex sociological problems and has tended to obscure the most important function of the nursery, which is to ensure good physical and mental conditions for all-round growth and development.

"To lay too much stress on the industrial aspect is to overlook the value of the nursery as an important factor in the child's early education. There is indeed some doubt as to the value of the nursery as a purely economic proposition. This has been pointed out by well documented surveys published in the Medical Journals during the past three years. The risks of overcrowding and inadequate staffing have been generally recognised and the nursery can never function as an inexpensive form of 'baby minding.' If account is taken of the total man power involved in buildings, equipment, maintenance, cooking, cleaning and administration, in addition to the professional staffing and medical supervision, the nursery does not release so great a volume of labour as might appear at first glance. Its justification lies in another direction. It is not a substitute for the home but it may be a valuable extension of the home, enriching the child's experience and assisting the mother in the nurture of her child.

"In the case of a child from a good home, the function of the nursery is primarily educational, taking that much abused word to cover social and emotional as well as intellectual development. The forward child of three and a half to four years has much to gain from adventuring forth for a few hours a day to share in the companionship and varied activities of the nursery group.

"Should the child come from a house which is defective in a material or psychological sense, nursery education may become urgently necessary at a still earlier age. The function here will be primarily remedial. It will rectify deficiencies by means of good food, cleanliness, fresh air, exercise, rest and skilled guidance.

"It has been somewhat disturbing to notice in recent months the number of children who are entering school at almost five years of age with faulty behaviour patterns such as enuresis, food fads and inability to sleep soundly and naturally. Experience has shown that at an earlier age these nervous habits have responded quickly to nursery training and it has been unusual to find them persisting in so many cases to this age. It appears likely that they will resolve more slowly at this later age and under the average infant class conditions.

" If as appears likely, nursery provision is to be severely limited for some years to come, it will probably be better to work out a scheme for admission which will reserve some places for children recommended for nursery education on medical and psychological grounds rather than to rely on a chronological scheme with preference given mainly on industrial grounds.

" It was pointed out in last year's report that children who failed to gain admission to the nurseries were missing the early routine inspections. It remains to be seen to what extent these children will use the general practitioner service under the National Health Service Act. Past experience suggests that a considerable number of their defects will escape the attention of the parents and, unless detected by the Health Visitors, will remain untreated till the child enters school."

Provision
of meals.

The following report has been received as to the provision of meals in school :—

" Only one new Kitchen (Seacroft Parklands) serving 2,000 dinners daily has been opened during 1948. Unfortunately the opening of this Kitchen coincided with the return of the Whitkirk Kitchen (1,800 dinners a day) to the owners. Virtually this means that during 1948 the total effective Kitchen capacity was only increased by 200 dinners. Even so 950 more children were being fed in December 1948, than in December 1947. Existing resources have been further strained therefore to the extent of 750 dinners. It is quite obvious now that without new Kitchens little increase can be expected.

" During 1949 there are a few projects which may mature, amongst them being a Kitchen in the Thoresby High School (475 dinners), which may be ready after Easter, Hall Lane Kitchen (1,500 dinners) and Beeston Kitchen and Dining Room (for 380) by the Autumn. Burley Lawn Kitchen (1,500 dinners), Cockburn Kitchen and Dining Rooms (for 1,500) and Halton Moor Kitchen (2,000 dinners) however, are not likely to be ready before 1950.

Canteens.

" Whilst only one Kitchen has been opened during the year much work has been going on to improve canteen facilities.

" Fourteen canteens have been opened and of these only four were new ones, the remaining ten were opened to improve existing arrangements.

" Five of these were opened in hired halls in order to relieve crowded unsatisfactory conditions in school halls and class rooms and accommodation and amenities were also improved at many other canteens ready for expansion in 1949, when new Kitchens are opened.

“ The demand for dinners is still increasing and practically all schools are carrying long waiting lists. In some schools the priority system reported last year does not appear adequate and rota systems have had to be instituted. Head Teachers find that considerable tact, diplomacy and numerous enquiries are necessary in order to carry out these systems effectively. It will be a great relief to them when all this can be dispensed with.

Number of dinners served.

“ In December 1947, 25,700 children were being fed daily and by December 1948, this was increased to 26,650, representing 44.4 per cent. of children attending maintained Primary and Secondary schools. This is only an increase of approximately 4 per cent. in the number of dinners served as against 10 per cent. last year.

Free dinners.

“ The number of free dinner cases is still increasing. There were 3,759 cases in December 1948 as against 3,578 in December 1947.

“ The thanks of the Authority are due to all the teachers who continue to give their services in the administration and supervision of school dining canteens.”

During 1948, 11,293,302 bottles of milk were supplied to school children. Approximately 96 per cent. of the children present in school take milk daily. Supply of Milk.

A table at the end of this report shows the assessment of the general condition of children examined at routine inspections in school by the School Medical Officer. Of all the children examined 25.6 per cent. were classed as good, 64.7 per cent. as fair and 9.7 per cent. as poor. The proportion of children whose condition was considered to be good tended to rise in the older age groups and in the ‘leavers’ group 32.1 per cent. were classed as good and only 7.9 per cent. as poor. General Condition.

The work of the Branch Clinics has continued as usual. The number of cases of Ringworm of the Scalp discovered and treated during the year was 25. Most of these were of animal origin. Scabies shows a further decrease, 263 cases having received treatment in 1948. Branch Clinics.

Little progress has been made in the further development of centres for minor ailment treatment owing to the lack of suitable premises.

There were 212,762 examinations of children for cleanliness made by the School Nurses and Clinic Assistants during the year. 3,636 children were excluded on account of lack of cleanliness, of Uncleanliness.

these 1,512 were cleansed by their parents within the statutory period allowed under the Education Act. The remaining 2,124 were dealt with at the cleansing station set up by the Public Health Department. The figures show a slight increase over those for 1947 but the increase is too small to have special significance.

Defective
Vision.

Dr. R. Wood reports :—

“ Since, in recent years, it has become apparent that the real problems in school ophthalmology are the amblyopic eye, with or without a squint, and, to a lesser extent the alternating convergent strabismus, it was decided in Leeds in 1947 that all such cases should, as soon as they were noted, come under the care of one School Medical Officer. In addition a register of these children, showing the progress in ameliorating the defect should be kept and should include cases under treatment at the Infirmary or Dispensary.

“ A child whose name is placed on the register has his eyes refracted as early as possible and glasses are prescribed when, as is usual, glasses are deemed necessary. Three months later the child is reinvited to the clinic and the effect of wearing glasses is noted. If the amblyopia is persistent and not too severe, the good eye is then occluded by elastoplast on lint and this is renewed weekly at a Branch Clinic where the visual acuity of the occluded eye is checked to avoid any deterioration. Three months later a further review is made. If vision in the amblyopic eye has improved to 6/12 partial or better, the child is then seen by the Authority's Ophthalmic Consultant with a view to orthoptic treatment at the Infirmary.

“ If vision in the ‘ lazy ’ eye is so poor that covering the good eye might render the child liable to accidents in the streets or in school the patient may be admitted to the School for Partially Sighted, as a resident, for three months treatment by occlusion.

“ Older children whose squinting eyes have failed to straighten are referred to the Consultant for consideration of an operation to correct the squint.

“ In the table given below the group of 225 children includes those who have not yet had their first review, those who are being treated at the Infirmary or Dispensary and a certain number whose parents are failing to co-operate with the Clinic.

“ The younger the child is when treatment is started the better is the hope of cure. Assuming that a child is old enough to wear

glasses it would be an advantage if children found at Child Welfare Clinics to be squinting were referred to the School Health Service as early as possible.

Squint Register 1948.

Cases on Register	645
Reported free from defect	47
Eyes straight with glasses	16.1
Eyes straight with or without glasses	73
Squint persists with glasses	105
Referred for orthoptic treatment	31
Not yet reviewed	225

During the year 146 children or adolescents—110 boys and 36 Remand Home girls—who had been remanded by the Magistrates in the Juvenile Court, were examined by the School Medical Officers. Of these 26 had I.Q's over 100, two girls having I.Q's over 120; and 47 had I.Q's. under 80—12 being under 70.

The position as regards accommodation for handicapped Handicapped Children. children in Leeds shows little or no change since the last report. The urgent need is for residential accommodation especially for children in the Delicate (Open Air Schools) and Maladjusted categories. The position of Hospital Schools to which children may be admitted from hospitals to continue the treatment begun in hospital and in which children may remain for comparatively long periods, is the concern of the Regional Hospital Board. But for less serious cases, children who are subnormal and debilitated but are not in need of urgent medical treatment, the Education Authority may establish residential Open Air Schools. The advantages of residential schools for such children as compared to day school has been repeatedly emphasised in these reports.

(1) *Blind.* There are at present 11 Leeds children of school age in this category. All are placed in residential schools outside the city.

(2) *Partially Sighted.* Mr. Andrews, Headmaster of the School for Partially Sighted Children, reports :—

<i>“ Number on Roll</i>	35
Resident	8
Day	27

Classification.

Myopia	9
Congenital Cataract	5
Optic Atrophy	3
Corneal Opacities	1
Retinal Abnormalities	12
Other causes	5

" The retinal abnormalities include degeneration, peripapillary atrophy, pallor of discs and grey patches near maculæ.

" Among the other causes there are two cases of congenital nystagmus, one of these with a history of epilepsy, one case of chronic conjunctivitis, one encephalitis with a history of fits and one amblyopic delicate child. Of the whole number of cases six are accompanied by gross nystagmus.

" There were nine admissions during the year and it is interesting to note that among them two were 5 year olds, one 7 and one 8. This seems to point to the fact that we are getting earlier ascertainment and that is all to the good for the children concerned. With entry at this age one can begin to visualise the establishment of a Grammar School for Partially Sighted on a national basis for those who could benefit from that type of education.

" There were seven leavers, four of whom had reached school leaving age, and, with the assistance of the Juvenile Employment Bureau these were satisfactorily placed and appear to be doing well. Two of the remainder were returned to normal schools and one transferred to a School for Blind.

(3) *Deaf* and (4) *Partially Deaf*. Mr. Andrews reports :—

" <i>Number on Roll</i>	..	..	..	..	..	109
Resident	..	..	..	..	..	83
Day	..	..	..	..	..	26

Full particulars of the children of Roll are as follows :—

		Leeds		Other Authorities		Total
		Resident	Day	Resident	Day	
Deaf	Boys	21	4	16	..	41
	Girls	8	6	10	..	24
Partially deaf	Boys	5	8	10	1	24
	Girls	9	7	4	..	20
		43	25	40	1	109

" There were twenty admissions during the year, ten of them being partially deaf, eight totally deaf and two difficult cases for observation and report. All the totally deaf admissions were four year olds and it is interesting to note that the average age of admission of the partially deaf children was lower than in former years. Among them we had one five, four seven and two eight year olds.

" There were twenty-eight leavers and one child died at home during the year. Nineteen of the leavers had reached school leaving

age, two deaf children were transferred to other schools to be nearer their parents, two partially deaf children were returned to normal schools and five children were returned as unsuitable after a period of observation and report. It is pleasing to report that all the normal school leavers were successfully placed in industry with the help of the Juvenile Employment Bureau and the Deaf Missioner."

In addition to the children in the School for the Deaf at Farnley, there are seven Leeds children in other residential schools for the deaf. Two more children who suffer from a second defect in addition to deafness are in a residential institution which accepts cases of multiple defects.

(5) *Delicate*. The Open Air School at Farnley is still not available for its original purpose. Meanwhile efforts to place children in residential Open Air Schools meet with little success. The demand for places in such schools far exceeds the accommodation available. Only eight Leeds children were in residential Open Air Schools at the end of the year.

(6) *Diabetic*. Seven diabetic children are at present on the list of handicapped children. All are attending ordinary schools and do not require places in special schools.

(7) *Educationally Subnormal*. There are seventy-two children awaiting admission to day special schools for educationally sub-normal children. Seven children in this category are in residential schools outside Leeds.

(8) *Epileptic*. Fifty-two children have been noted as epileptic by School Medical Officers but in many of these cases the fits are nocturnal only or are infrequent and minor in character and the children are fit to attend ordinary school. Eight cases of severe epilepsy are in residential schools and one is awaiting admission.

(9) *Maladjusted*. Further progress towards the establishment of a Child Guidance Clinic under the Education Authority has been hampered by the difficulty of obtaining Staff and premises. Professor MacCalman, Professor of Psychiatry in the University of Leeds, has arranged for the investigation and treatment of a number of urgent cases which have been referred to his clinic by the School Health Service. He has also arranged for the examination of a number of delinquent children who have been before the Juvenile Court and for whom the Magistrates have asked for a psychiatric report.

The Ministry of Education estimates that approximately one per cent. of school children are in the maladjusted class and in Leeds over two hundred children are on our register of maladjusted children. In many of them the emotional instability or psychological disturbance is comparatively slight and they are not cases

for institutional or prolonged psychiatric treatment. Only the most serious and urgent cases have been referred to the University Child Guidance Clinic as that clinic has to deal with many other cases besides those referred by the School Medical Officers. There is no hope of being able to deal with the slighter cases of maladjustment until the Authority can establish its own clinic.

The need for hostels for maladjusted children has been pointed out repeatedly but so far no progress has been made with their provision. It is very difficult to obtain places in hostels for maladjusted children established by other Authorities owing to the shortage of accommodation.

(10) *Physically Handicapped.* Dr. I. Holoran reports:—

“At the end of 1948 there were 132 children on roll at Potternewton School for Physically Handicapped Children. These suffered from the following disabilities:—

Acquired Valvular Disease of the Heart	28	}	..	42
Sinus Arrhythmia	1			
Congenital Heart Disease	13			
Cerebral Palsy .. .. .	..	..	..	36
Tuberculous Bones and Joints—				
Spine	7	}	..	14
Foot	2			
Hip	3			
Elbow	1			
Knee	1			
Poliomyelitis .. .. .	..	..	..	8
Osteomyelitis .. .. .	..	..	..	3
Meningocele .. .. .	..	..	..	3
Pseudocoxalgia .. .. .	..	..	..	3
Still's Disease .. .. .	..	..	..	3
Splenic Anæmia .. .. .	..	..	..	2
Muscular Dystrophy .. .. .	..	..	..	2
Haemophilia .. .. .	..	..	..	2
Spina Bifida .. .. .	..	..	..	2
Fragilitas Ossium .. .. .	..	..	..	2
Congenital Absence of Radius .. ..	..	..	..	1
Chorea .. .. .	..	..	..	1
Congenital Talipes Equino Varus .. ..	..	..	..	1
Amputation of Arm .. .. .	..	..	..	1
Laceration of Leg .. .. .	..	..	..	1
Achondroplasia .. .. .	..	..	..	1
Amputation of Fingers and Scarring due to Burns				1
Nephritis .. .. .	..	..	..	1
Amyotonia Congenita .. .. .	..	..	..	1
Congenital Lues .. .. .	..	..	..	1

" This is the second year in succession in which there is not a single case of rickets in the school.

" The number of heart cases is about the same as last year.

" The couches used by the heart cases are gradually being replaced as the old wooden frames are worn out. The new couches are of tubular steel and with each fresh order improvements are incorporated as a result of suggestions which come both from the medical and teaching staff. Dr. Riley, Paediatric Registrar, has paid regular visits to examine and assess the capabilities of the heart cases. Professor Craig has also visited this section of the school and on his recommendation several cases of congenital disease of the heart have been referred to the Infirmary for possible operation. In one of them the results of a successful operation have been spectacular. Before operation the child, who was very severely handicapped, could only walk a few yards without tiring; now she can walk wherever she wants to go, her cyanosis has disappeared and she is a totally different child and is delighted with herself.

" The number of Cerebral Palsy cases attending the school continues to increase slightly. There is plenty of work for two physiotherapists and during the year the services of a part-time speech therapist were secured. Miss Shummacher is very much interested in the education of cerebral palsy cases and this interest has induced her to undertake the treatment of some of the most severe speech defects. Mr. Clark, Orthopaedic Consultant to the Authority, and Dr. Pickup, Paediatric Registrar, continue to visit the school regularly to supervise the treatment of these spastic children. Several new pieces of apparatus in the physiotherapy room are proving most useful in the active rather than passive work which is typical of modern physiotherapy. Swimming has been started for the cerebral and infantile paralysis cases at the Public Baths.

" The annual 'turnover' of children leaving the school is even higher this year than last. The following table shows the number of children who have left the school during 1948 and the ways in which they were dealt with. That so many were able to attend primary and secondary schools is evidence of the constructive work which is being done at Potternewton.

To ordinary schools	..	..	..	23
„ Allerton High School	..	..	..	1
„ Thoresby High School	..	..	..	1
„ Central High School	..	..	..	2
„ Stanmore for training	..	..	..	1
„ Work	..	..	..	7
„ Schools for Educational Subnormal				2
„ Residential Heart Schools	..	..	..	2
„ long stay Hospital	..	..	..	1
Notified to Mental Health Services		..	..	2

In addition two children left Leeds and three who were on the roll of the school died.

" The orthopædic work at the Central Clinic has been carried on by weekly sessions. Mr. Clark attends on alternate weeks. Arrangements have been made with a business firm by which parents can obtain shoes of unequal sizes for the children who require them, a greatly appreciated service. The introduction of the 'mermaid' splint worn at night by cases of Knock Knee continues to give good results. Night splints of other types are also being used to render operation unnecessary and if possible to prevent recurrence of a deformity which has been corrected.

" A small preparatory clinic has been established at the Central Clinic where physiotherapy and speech therapy are given to a small group of very helpless spastic cases who are unfit for any school at present. The object is to try to improve their physical condition with a view to their admission to Potternewton."

In addition to the Physically Handicapped children who are at Potternewton School there are nine who are unfit for a day special school and who have been placed in various residential or hospital schools.

(II) *Children with Speech Defects.* Mrs. B. Jackson reports :—

" Treatment for the alleviation of defective speech was given at four centres namely: Central, Holbeck, Armley and Edgar Street School Clinics.

" Eighty-seven children attended during the year, nineteen of whom were girls and sixty-eight boys. The ages of these children ranged from five to sixteen years and they came from all parts of the City, from Junior, Secondary Modern, Grammar and Special Schools, the distance sometimes necessitating long journeys by bus and tram.

" The basis of treatment given was that of relaxation, followed by remedial exercises and play therapy. Class treatment was given, the children being taken together in groups of eight or nine according, as far as possible, to their age and nature of defect.

" Of the children treated there were :—

Stammerers	..	..	..	..	..	40
Dyslalia or kindred defects of articulation	..					43
Rhinolalia Clausa	..	..	..	..		1
Rhinolalia Aperta	..	..	..	..		3

" Admissions and discharges continued throughout the year, there being seventy-four new cases and sixty-five discharges, the latter having attained normal speech and emotional stability.

Of the children discharged there were :—

Stammerers	..	..	..	26
Dyslalia	..	..	..	38
Rhinolalia Aperta	..	..	..	1

“ Only four of the children treated had any physical abnormality of the speech organs ; the rest of the children suffered from disorders and defects of speech due to psychological factors caused by adverse environmental conditions or in some cases unfortunate heredity. Most of the children were of the ‘ nervous ’ emotionally unstable type. In view of this, although class treatment was employed, each child had to be studied individually and treatment devised to cover the individual needs of each one.

“ Lack of discipline and indulgence seemed to account for some of the speech difficulties encountered. At one time it was often the duty of the speech therapist to encourage parents and teachers to be less strict, less severe with the child and to ask that he might be allowed the freedom of self expression, but care should be taken that the pendulum does not swing too far and freedom become licence.

“ A child who has known no restraint and no discipline, finds it very difficult to fit into social life ; he misses the attention of over fond parents, is unable to hold his own, loses confidence and if he is emotionally unstable indulges in baby talk or hides behind a stammer. This condition has been particularly noticed during the year as children born in 1940 and onwards are now entering the Clinics, with a history, in many cases, of having been the sole companion of their mother for several years. During these years of loneliness and uncertainty they have become so attached to one another that with the return of father, the child has become jealous and resentful of him. Conflict ensues, and the father accustomed to the discipline of the Forces himself and often with frayed nerves and health impaired after years abroad, tries to rectify years of indulgence too suddenly and drastically with disastrous results. In many cases this situation is intensified by the advent of yet another stranger, a baby brother or sister—the mother becomes preoccupied with her new family and her first born feels that he is being crowded out. One mother reported that on going into the garden one day, she found that her five year old son, a stammerer, had lifted his baby brother out of the pram and had climbed in himself.

“ This problem can and has been solved by the co-operation of both parents but many of the fears and difficulties that upset a nervous child are by no means so easy to remove. But many fears

disturb childhood and while it may be said that fear may cause or aggravate a stammer, it is usually only a secondary or contributory factor which serves to bring out the latent predisposition to stammer, which is invariably present.

“ During the year the Clinics have been visited by older boys and girls, former patients, who reported the obtaining and holding of good employment after leaving school, and their continued freedom from speech disturbance. This has been very gratifying and proves that severe cases of speech disorders, if treated in childhood, have an excellent chance of being permanently cured.”

Dental.

Mr. D. E. Taylor, Senior Dental Officer, reports :—

“ At the beginning of the year all the clinics were fully staffed and it was hoped to improve the service by the addition of two more surgeries.

“ In February an Orthodontic unit was opened at the Central Clinic ; a dental officer was employed full-time on this work and a technician appointed to make the appliances. Professor Read was appointed as consultant oral surgeon and Mr. H. Shaw as consultant orthodontist. This close co-operation with the University Dental School will not only benefit directly the orthodontic service but should lead to the amassing of valuable information for teaching and research purposes. In addition to cases referred from the orthodontic department, Professor Read was consulted on other conditions, such as cysts, a ranula, diseases of the gums and abnormalities of the lips, and where surgical treatment was considered necessary, the operations were carried out by him at either the Dental Hospital or the maxillo-facial unit at St. James's Hospital.

“ Thanks are again due to Mr. Wigglesworth, the dental surgeon at St. James's Hospital, for treating the children suffering from severe heart affections, also for the prompt attention given to emergency cases sent from our clinics. These have been given priority, at great inconvenience to Mr. Wigglesworth and the staff at St. James's, as the number of beds is quite inadequate for the number of dental cases requiring hospital treatment.

“ It was thought this year would bring the service nearer to its aim of inspecting and giving full treatment at yearly intervals to all children who had accepted the scheme, but with the introduction of the National Health Service Act on July 5th, our plans were severely modified. Prior to July two dental officers had resigned and could not be replaced.

“ In July a priority dental service for Expectant and Nursing mothers was introduced. Previously one dental officer had been

sufficient for the cases referred from the Maternity and Child Welfare clinics, but owing to private practitioners being unable to deal quickly with new cases, more sessions had to be allocated to this work.

" In order to deal with the increased denture work another technician and an apprentice were appointed.

" In addition 71 dentures were supplied to children, most of whom had lost teeth through accidents, and 16 were fitted with crowns and splints.

" The responsibility for the dental treatment of tuberculous patients was transferred from the City Council to the Regional Hospital Board, but as the Board had no dental service for these patients it was decided to agree to their request to lend one officer temporarily for this work, and this arrangement was still in operation at the end of 1948.

" It had been decided that all children whose parents accepted treatment for them should be inspected on commencing school, and should not wait until they were six years of age as had previously been the case. A conference of the dental officers was held on September 13th and proposals regarding the routine inspection and treatment of children, which had previously been submitted to them for perusal, were modified and unanimously adopted. This scheme is to ensure continuity of treatment during a child's school life even though treated by different dentists, and this objective is to be achieved by the classification of mouths into certain types and the record card marked accordingly. It is believed that such a system will give the greatest number of mouths free from caries and with good occlusion at school leaving age.

" In July, 445 leavers from various schools in all parts of the city were examined to ascertain the condition of their mouths. It is most significant that only four of those children had received conservative treatment elsewhere than at the school clinics.

" The acceptance rate in Leeds for full treatment during school life is 79 per cent., and so far the fact that children are eligible for treatment by private practitioners under the new Act, has had no effect on the attendances at the clinics, and it is likely that the numbers requiring urgent attention for the relief of pain will increase rather than diminish. Parents in the past have trusted the school service to attend to their children and unless more officers are forthcoming it will be impossible to guarantee satisfactory treatment.

" After the introduction of the National Health Service Act it became obvious that there would be a further reduction of the

staff owing to the difference between the remuneration offered to the private practitioner and that of the public dental officer. Towards the end of the year four of the staff intimated that they did not intend to remain in the public service. All were experienced officers with a thorough knowledge of children's dentistry, among them Mr. A. B. Mortimer, who joined the staff in 1925, and it is to be regretted that such a capable and trustworthy officer should sever his connections with the Leeds service which he has helped to build.

“ Of the dental X-Ray work carried out at the Central Clinic, Mr. George M. S. McGibbon reports :—

‘ The steady increase in the amount of X-Ray work has made necessary the re-planning of the dark room. Larger film processing tanks, and new drying racks were installed. This greatly facilitated the output of work throughout the year.

‘ An improved method of mounting films has been introduced which simplifies the viewing and requires less filing space.

‘ To ensure a correct diagnosis and determine the cause of trouble in obscure cases the X-Ray is essential. Three cystic conditions and many interesting cases of partial anodontia (absence of teeth) were noted during the year.’

“ Of the Orthodontic work done at the Central Clinic during 1948 Mr, Douglas M. McGibbon reports :—

‘ Development of the Orthodontic Scheme was made possible during the year by the provision of a Clinic with a Dental Laboratory, and the appointment of a Grade I Dental Technician in February.

‘ The immediate aim has been the reduction of the long waiting list for treatment. Additions to this list have been restricted to severe or potentially severe cases.

‘ Provision of appliances and their regular adjustment was made in those cases where satisfactory results could be assured. Exercises were prescribed to encourage favourable development and to correct habits which had influenced bone formation. Observation was maintained and supplemented when necessary with record plaster models in cases where favourable growth and development might bring about correction. Advice was given on problem cases referred by Dental Officers.

‘ Clinical data of value obtained during treatment have been preserved and will provide material for instruction and research.

Number of Children attending during year	422
Total Attendances	2,255
Completed treatment	88
Abandoned treatment	4
Continuing treatment	184
Under observation	146
Number of Cases on Waiting List ..	225

' The co-operation and assistance from the Dental School is much appreciated. A close liaison has been maintained and has permitted the selection of cases suitable for teaching purposes. The number of school children who were treated at the Leeds Dental School and Hospital during 1948 was 163. Of these 41 completed treatment ; 98 were continuing treatment at the end of the year and 14 abandoned treatment.

" Finally the value of the dental competition arranged in connection with Children's Day, for which the ' Yorkshire Evening Post ' gives valuable prizes, is gratefully acknowledged."

This report has been compiled for me by Dr. M. E. Willcock, *Conclusion.* Chief Assistant School Medical Officer and Mr. G. Vallender, Administrative Assistant in the School Health Service, and I am greatly indebted to them and to the staff of the School Health Department for their support.

I should also like to express my thanks to the Head Teachers and Teachers for their co-operation and to the Medical Profession of this city for their help.

My grateful thanks are due to the Director of Education for his help and interest in all matters relating to the School Health Service.

In conclusion Mr. Chairman, Ladies and Gentlemen, may I on behalf of my colleagues and myself express my thanks to you for your guidance and support throughout the year.

I have the honour to sign myself,

Your obedient servant,

I. G. DAVIES,
School Medical Officer.

MEDICAL INSPECTION RETURNS

YEAR ENDED 31st DECEMBER, 1948.

TABLE I.

Medical Inspection of Pupils attending Maintained
Primary and Secondary Schools

A.—Periodic Medical Inspections.

NUMBER OF INSPECTIONS IN THE PRESCRIBED GROUPS

Entrants	4,385
Second Age Group	6,122
Third Age Group	5,626
TOTAL	16,133

NUMBER OF OTHER PERIODICAL INSPECTIONS 327

GRAND TOTAL 16,460

B.—Other Inspections.

NUMBER OF SPECIAL INSPECTIONS 28,408
NUMBER OF RE-INSPECTIONS 7,712

TOTAL 36,120

C.—Pupils Found to Require Treatment.

NUMBER OF INDIVIDUAL PUPILS FOUND AT PERIODIC MEDICAL INSPECTION TO
REQUIRE TREATMENT (excluding Dental Diseases and Infestation with Vermin).

Group (1)	For defective vision (excluding squint). (2)	For any of the other conditions recorded in Table IIA (3)	Total individual pupils (4)
Entrants	163	957	860
Second Age Group	612	774	1,212
Third Age Group	560	490	908
Total (prescribed groups)	1,335	2,221	2,980
Other Periodic Inspections	26	10	34
Grand Total	1,361	2,231	3,014

TABLE II.

**A.—Return of Defects found by Medical Inspection in the
Year ended 31st December, 1948.**

Defect Code No.	Defect or Disease	Periodic Inspections		Special Inspections	
		No. of defects		No. of defects	
		Requiring treatment	Requiring to be kept under obser- vation, but not requiring treatment.	Requiring treatment	Requiring to be kept under obser- vation, but not requiring treatment.
	(1)	(2)	(3)	(4)	(5)
4	Skin	161	149	1,090	230
5	Eyes—a. Vision ..	1,361	1,313	2,741	1,689
	b. Squint ..	169	107	552	39
	c. Other ..	36	61	315	49
6	Ears—a. Hearing	109	119	113	92
	b. Otitis				
	Media ..	3	7	145	10
	c. Other ..	99	100	433	134
7	Nose or Throat ..	575	1,268	829	842
8	Speech	21	135	104	72
9	Cervical Glands ..	26	83	38	30
10	Heart and				
	Circulation ..	32	358	37	112
11	Lungs	65	285	79	131
12	Developmental—				
	a. Hernia ..	14	40	6	12
	b. Other ..	2	3	5	5
13	Orthopædic—				
	a. Posture	69	280	67	70
	b. Flat foot	209	312	212	205
	c. Other ..	198	290	170	213
14	Nervous system—				
	a. Epilepsy	5	15	5	19
	b. Other ..	4	132	11	45
15	Psychological—				
	a. Develop- ment ..	33	215	27	52
	b. Stability	9	96	11	42
16	Other	216	1,275	2,658	1,007

**B.—Classification of the General Condition of Pupils
Inspected during the Year in the Age Groups.**

Age Groups	Number of Pupils Inspected	A. (Good)		B. (Fair)		C. (Poor)	
		No.	% of col. 2	No.	% of col. 2	No.	% of col. 2
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Entrants	4,385	873	19·9	3,046	69·5	466	10·6
Second Age Group	6,122	1,461	23·9	4,012	65·5	649	10·6
Third Age Group..	5,626	1,810	32·1	3,372	60·0	444	7·9
Other Periodic Inspections ..	327	65	19·9	227	69·4	35	10·7
Total	16,460	4,209	25·6	10,657	64·7	1,594	9·7

Classification during the year has been on the following basis :—

A—Above average

B—Average

C —below average

TABLE III.

Treatment Tables.

Group I.—Minor Ailments (excluding Uncleanliness, for which see Table V).

(a)	Number of Defects treated, or under treatment during the year.
SKIN—	
Ringworm—Scalp—	
(i) X-Ray treatment	} 25
(ii) Other treatment	
Ringworm—Body	117
Scabies	263
Impetigo	523
Other skin diseases	7,637
Eye Disease	1,550
(External and other, but excluding errors of refraction, squint and cases admitted to hospital)	
Ear Defects	1,773
Miscellaneous	11,630
(e.g. minor injuries, bruises, sores, chilblains, etc.)	
Total	23,518

(b) Total number of attendances at Authority's minor ailments clinics 72,608

Group II.—Defective Vision and Squint (excluding Eye Disease treated as Minor Ailments—Group I.)

	No. of defects dealt with
Errors of Refraction (including squint)	4,644
Other defect or disease of the eyes (excluding those recorded in Group I)	—
TOTAL	4,644
No. of Pupils for whom spectacles were	
(a) Prescribed	2,794
(b) Obtained	1,526*

*To 16th August, 1948.

Group III.—Treatment of Defects of Nose and Throat.

	Total number treated.
Received operative treatment.—	
(a) for adenoids and chronic tonsillitis	448
(b) for other nose and throat conditions	158
Received other forms of treatment	776
Total	1,382

Group IV.—Orthopædic and Postural Defects.

(a) No. treated as in-patients in hospitals or hospital schools ..	102
(b) No. treated otherwise <i>e.g.</i> in clinics or out-patient departments ..	756

Group V.—Child Guidance Treatment and Speech Therapy.

No. of pupils treated (a) under Child Guidance arrangements ..	121
(b) under Speech Therapy arrangements ..	87

TABLE IV.—Dental Inspection and Treatment.

(1) Number of pupils inspected by the Authority's Dental Officers:—				
(a) Periodic age-groups				36,328
(b) Specials				6,876
(c) TOTAL (Periodic and Specials)				43,204
(2) Number found to require treatment				28,867*
(3) Number actually treated				25,363†
(4) Attendances made by pupils for treatment				34,049
(5) Half-days devoted to:—				
Inspection	200		(7) Extractions:—	
Treatment	5,273		Permanent Teeth ..	5,536‡
			Temporary Teeth ..	20,672
TOTAL	5,533‡		TOTAL	26,208
(6) Fillings:—			(8) Administration of general anæsthetics for extractions	17,714
Permanent Teeth ..	25,298		(9) Other Operations:—	
Temporary Teeth ..	19		Permanent Teeth } ..	3,795
			Temporary Teeth }	
TOTAL	25,317		TOTAL	3,795

* Includes 6,876 Casuals.

† Includes 5,694 Casuals.

‡ In addition 271 sessions spent in other work.

§ Includes 2,612 regulation.

TABLE V.
Number of Exclusions, 1948.

DEFECT.	REFERRED FOR EXCLUSION BY		TOTAL.
	School Medical Officers.	School Nurses.	
Uncleanliness of Head ..	—	3,636	3,636
Uncleanliness of Body ..	—	74	74
Ringworm—Scalp and Body ..	23	27	50
External Eye Disease ..	10	165	175
Scabies	38	153	191
Impetigo	4	108	112
Other Skin Diseases	—	52	52
Other Diseases	3	67	70
Vision	—	—	—
 TOTAL 1948 ..	 78	 4,282	 4,360
 TOTAL 1947 ..	 138	 4,088	 4,226

TABLE VI.
Number of Children on Roll in Special Schools
on 31st December, 1948.

SCHOOL.	NUMBER ON ROLL.		
	Leeds Cases.	Outside Cases.	Total.
EDUCATIONALLY SUB-NORMAL—			
Armley	93	—	93
East Leeds	82	—	82
Hunslet Lane	197	—	197
Lovell Road	63	—	63
 DEAF AND PARTIALLY DEAF	 70	 39	 109
 PARTIALLY SIGHTED	 36	 —	 36
 PHYSICALLY HANDICAPPED	 132	 —	 132

In addition, the Leeds Education Authority is responsible for the maintenance of Leeds children in Residential Schools and Hostels as follows:—

BLIND—

Worcester College for the Blind	1
Royal Normal College for the Blind, Rowton Castle, near Shrewsbury	1
Sheffield School for Blind	4
Yorkshire School for the Blind, The King's Manor, York	4
Sunshine House School for Blind Infants, Royal Leamington Spa	1

DEAF—

St. John's Institute for the Deaf, Boston Spa, Yorkshire	6
Residential School for Jewish Deaf Children, S.W.12	1

DEAF WITH SECONDARY DEFECT—

Rudolph Steiner School, Aberdeenshire	2
---	---

DELICATE—

Cheyne Hospital School, Sevenoaks, Kent	1
St. Vincent's Open Air School, St. Leonard's-on-Sea, Sussex	1
Oak Bank Open Air School, Sevenoaks, Kent	1
St. Dominic's, Godalming	1
St. John's Open Air School for Boys, Woodford Bridge, Essex	4

EDUCATIONALLY SUB-NORMAL—

All Souls Special School, Field Heath House, Hillingdon, Middlesex	2
Moor Park Open Air School, Preston (Educationally Sub-normal Department)	1
Allerton Priory Special School, Liverpool	1
Besford Court, Worcester	3

EPILEPTIC—

Chalfont Epileptic Colony, Chalfont St. Peter's, Bucks.	1
Lingfield Epileptic Colony, Lingfield, Surrey	6
St. Elizabeth Home for Epileptics, Much Hadham	1

MALADJUSTED—

Ledston Hall School, Allerton Bywater, nr. Leeds	1
The Hostel, Sourhall, Todmorden	2
Yews Hostel, Worrall, near Sheffield	1
Hoover House Hostel for Maladjusted Girls, Wentworth	1

PHYSICALLY HANDICAPPED—

Marguerite Hepton Memorial Orthopædic Hospital, Thorparch	6
N.C.H.O. Chipping Norton, Oxon.	1
B.R.C.S. The Palace School, Ely, Cambridgeshire	1
Halliwick Cripples School, Winchmore Hill, N.12..	1

